



City of Atlanta

**Check One**

- ☐ Firefighters  
☐ General Employees  
☐ Police Officers

**Defined Benefit Pension Funds  
Pension Clearance Form**

Return Form to:  
City of Atlanta  
Department of Finance – Pension Office  
55 Trinity Avenue, Suite 1600  
Atlanta, Georgia 30335-0317  
404.330.6260

**Participant Information**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Department: \_\_\_\_\_ Classification: \_\_\_\_\_  
Last Day: \_\_\_\_\_  
(Pension will be effective the following day)

*As a prerequisite to file for a pension, I certify that the above information is true and correct to the best of my knowledge. If any changes occur after submitting this form, I will notify the Pension Office immediately.*

**Proof of Age – Birth Certificate (Original or Certified) – Must be Submitted**

Telephone: \_\_\_\_\_  
(Home) (Work)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

**This Section to be Completed by Payroll Clerk**

Closing date of final payroll on which employee appears: \_\_\_\_\_  
(Payroll Ending Date)

Following is a breakdown of the number of hours paid in the above dated payroll, including lump sum vacation. This should be identical to the information on your payroll sheet for the above payroll ending date.

Hrs. Worked	Vac. Hrs. (used on above dated payroll)	Sick Hrs. (used on above dated payroll)	Lump Sum Vac. Hrs. Paid	Total Hrs. (on Above dated payroll)
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Name of Payroll Clerk: \_\_\_\_\_ Phone Number of Payroll Clerk: \_\_\_\_\_